PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

February 27, 2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE <u>are required to respond to a collection of information unless it displays a valid OMB control number</u> **Application Number** 10/023,245 **TRANSMITTAL** Filing Date December 18, 2001 First Named Inventor **FORM** Kevin F. Bernier Art Unit 2153 **Examiner Name** Y. M. Barqadle (to be used for all correspondence after initial filing) Attorney Docket Number 8522 Total Number of Pages in This Submission

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ENCLOSURES (Check all that apply)												
<b>✓</b>		smittal Form		Drawing(s) Licensing-related Papers			After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences					
	Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):					
		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	R AG	ENT					
Firm Name POLAROID CORPORATION		ON										
Signature		Grani										
Printed name		Gaetano D. Maccarone										
Date		February 27, 2006			Reg. No.	25,173						

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Gaetano D. Maccarone

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PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

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Complete if Known

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	For F	Y 2006	5	First Named Inv	entor Kevin	Kevin F. Bernier							
				Examiner Name	Yasin	Yasin M. Barqadle							
Applicant ci	aims small entity	status. See	37 CFR 1.27	Art Unit	2153	2153							
TOTAL AMOUN	T OF PAYMENT	(\$)	500.00	Attorney Docket	No. 8522	8522							
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 16-2195  Deposit Account Name: POLAROID CORPORATION													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
<b>√</b> Ch.	arge fee(s) indica	ated below		Charg	e fee(s) indicat	ed below, exc	ept for the filing fee						
			underpayments of fe	ee(s) 🗸 Credit	any overpaym	ents							
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			w are due upon f	iling or may be	subject to a	surcharge.)							
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		Small	Entity	<b>Small Entity</b>	Sn	nall Entity	5 D.:d (A)						
Application 1		(\$) <u>Fee</u>	<del></del>	_ ===1.57		Fee (\$)	Fees Paid (\$)						
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Design	20	_		50	130	65							
Plant	20	_		150	160	80							
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2. EXCESS CI Fee Description						Fee (\$)	Small Entity Fee (\$)						
	over 20 (includ	ing Reissu	es)			50	25						
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3. APPLICATION OF THE STREET O	ON SIZE FEE ation and draw	ings excee	d 100 sheets of pa	ner (excluding e	electronically	filed sequen	ce or computer						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50													
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): Filing a brief in support of an appeal 500.00													
SUBMITTED BY													
Signature	Gorb	~~	-e	Registration No. (Attorney/Agent)	25,173	Telephon	<sup>e</sup> 781-386-6405						
Name (Print/Type) Gaetano D. Maccarone Date February 27, 2006													

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